

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	2					
5	1					
6	①					
7	①					
8	①					
9	①					
10	①					
11	1					
12	1					
13	1					
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50						
TOTAL IND.	2					
TOTAL DEP.	12	↔	↔	↔		
TOTAL CLAIMS	14	████	████	████	████	

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		████	████	████	████	